



**Amherst Chamber of Commerce
Dental Individual Market***

January 1, 2023 - December 31, 2023

Pediatric & Adult Dental (to age 26)	Blue Edge Premier	Blue Edge Value
Annual Deductible Per Insured Person	\$50/\$150 - All Ages	\$50/\$150 - All Ages
Annual Maximum Per Insured Person	\$1,000 - All Ages	\$1,000
Description of Service	POLICY PAYS	POLICY PAYS
Oral Evaluations (Exams)	100%	100%
Radiographs (Bitewings, Full mouth, Occlusal and Periapical Films)	100%	100%
Prophylaxis (Cleanings)	100%	100%
Fluoride Treatments	100%	100%
Palliative Treatment (Emergency)	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	80% after deductible	80% after deductible
Resin Based Composite—Anterior (White Fillings)	80% after deductible	80% after deductible
Resin Based Composite—Posterior (White Filling)	80% after deductible	80% after deductible
Amalgam Restorations	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible
Surgical Extractions	80% after deductible	80% after deductible
Complex Oral Surgery	80% after deductible	80% after deductible
Endodontics (Root canals, etc.)	80% after deductible	80% after deductible
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80% after deductible	80% after deductible
Nonsurgical Periodontics	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible
Surgical Periodontics	80% after deductible	80% after deductible
Crowns, Inlays, Onlays	50% after deductible	Not covered
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	Not covered
Adjustments and Repairs of Prosthetics	80% after deductible	80% after deductible
Implant Services	Not covered	Not covered
Consultations	100%	100%
Medically Necessary Orthodontics	Not covered	Not covered
Cosmetic Orthodontics	Not covered	Not covered

The percentage in the Policy Pays column is the percentage of the Policy's Maximum Allowable Charge that the Policy will pay for Covered Services provided by either a Participating Dentist or a Non-Participating Dentist.

Participating Dentists accept the Maximum Allowable Charge as payment in full. Non-Participating Dentists may bill you for the difference between their charge and the Maximum Allowable Charge paid by the Policy.

	Monthly	Monthly
Individual	\$32.98	\$27.37
Individual+Spouse	\$63.06	\$51.84
Individual/Child(ren)	\$77.82	\$63.92
Family	\$116.85	\$95.70

United Concordia provides the provider network for **Blue Edge Dental** and is a separate company that administers dental benefits. Confirm your dentist participates: **Network=Elite Prime** <https://www.unitedconcordia.com/find-a-dentist/#/>
 Waiting periods may apply for certain services before they are covered.
 Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered Qualified Dental Plans.
***Highmark Blue Edge Dental plans are invoiced directly to the subscriber from Highmark.**
All checks should be payable to: Highmark BCBS of WNY